

CLAIMS ONLY							Application Number 161 019 588		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/							51				
2								52				
3		/						53				
4		/						54				
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44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
Total Indep	1							Total Indep				
Total Depend	30							Total Depend				
Total Claims	31							Total Claims				